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PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Compositions containing dolichol for dermatological and cosmetic use

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

05/27/2003

as United States Application Number or PCT International

Application No.

PCT/EP03/05550

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
MI2002A001204	Italy	06/04/2004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
602 <u>RANIERI</u>		<u>BIZZARRI</u>	
Inventor's Signature <u>Ranier Bizzarri</u>		Date <u>22.11.2004</u>	
Residence: City <u>CASCINA</u> State <u>TX</u>		Country <u>Italy</u> Citizenship <u>Italian</u>	
Mailing Address:	Via Tosco Romagnola 659, CASCINA, Italy		
City		State	ZIP
			Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to:



Customer Number
or Bar Code Label

26817

OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

ETTORE

Family Name
or Surname

BERGAMINI

Inventor's
Signature

ETTORE BERGAMINI

Date 22.11.2004

Residence: City

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State

Country

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Citizenship

Italian

Mailing
Address:

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ITX

City

State

ZIP

Country

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

ZINA

Family Name
or Surname

GORI

Inventor's
Signature

ZINA GORI

Date 22.11.2004

Residence: City

LARI

State

Country

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Citizenship

Italian

Mailing
Address:

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City

State

ZIP

Country



Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>FRANCESCO</u>		Family Name or Surname <u>LENCI</u>	
Inventor's Signature <u>Francesco Lenci</u>		Date <u>22.11.2004</u>	
Residence: City <u>PISA, Italy</u>	State <u>ITV</u>	Country <u>Italy</u>	Citizenship <u>Italian</u>
Mailing Address: <u>Via V. Veneto 24 - PISA, Italy</u>			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>ANTONELLA</u>		Family Name or Surname <u>SGARBOSSA</u>	
Inventor's Signature <u>Antonella Sgarbossa</u>		Date <u>22.11.2004</u>	
Residence: City <u>PISA</u>	State <u>ITV</u>	Country <u>Italy</u>	Citizenship <u>Italian</u>
Mailing Address: <u>Via Guido Tizzoni 10, PISA, Italy</u>			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>EMO</u>		Family Name or Surname <u>CHIELLINI</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>22.11.2004</u>	
Residence: City <u>PISA</u>	State	Country <u>Italy</u>	Citizenship <u>Italian</u>
Mailing Address: <u>Via Renato Fucini 16, PISA, Italy</u> <u>ITV</u>			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			